



2015 – 2016
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Early Childhood (Birth to Age 5)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Early Childhood Teachers to verify **Highly Qualified status**.

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Employment Start Date (mm/yyyy) (Date of Hire):	

1. Holds a bachelor's degree or a more advanced degree from an accredited institution.

AND

2. Check only **ONE** option below (including Charter Schools):

- a. ☐ Holds a valid Arizona Early Childhood Special Education Certificate (A.R.S. §15-502.B) – Intern, Provisional, Reciprocal, or Standard **OR**
- b. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, MR, OI/OHI, Severe/Profound] – Intern, Provisional, Reciprocal, or Standard **and** the Early Childhood Certificate **OR**
- c. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, MR, OI/OHI, Severe/Profound] – Intern, Provisional, Reciprocal or Standard **and** the Early Childhood Endorsement

3. Teaching Assignment: Special Education Early Childhood _____
of Periods Taught in this Core Content Area

If you met the requirements for 1 **and** 2 under federal guidelines, you are considered **Highly Qualified** to teach in a Special Education Early Childhood setting.

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date